

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/24**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name**Hub City Home Health, Inc.****2. All other names debtor used in the last 8 years****American Home Health Services**

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN)**7 4 - 2 6 9 4 8 8 2****4. Debtor's address****Principal place of business****Mailing address, if different from principal place of business****1409 North Stuart Place Road**

Number Street

Harlingen, TX 78552

City State ZIP Code

Cameron

County

506 Valley Brook Road

Number Street

McMurray, PA 15317

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)**<https://www.americanmedicalprograms.com/>****6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor Hub City Home Health, Inc.

Case number (if known) _____

Name

7. Describe debtor's business**A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. **Check all that apply:**
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☐ No

☒ Yes. American Medical Home Health Services - Relationship _____
Debtor San Antonio, LLC

District Southern District of Texas When _____
MM / DD / YYYY

Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Hub City Home Health, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000

☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion

☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion

☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion

☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Hub City Home Health, Inc.
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/09/2024
MM/ DD/ YYYY**X**/s/ Robert Dojonovic

Signature of authorized representative of debtor

Robert Dojonovic

Printed name

Title President

18. Signature of attorney

X/s/ Shelby Jordan

Signature of attorney for debtor

Date 11/09/2024

MM/ DD/ YYYY

Shelby Jordan

Printed name

Jordan & Ortiz, P.C.

Firm name

500 N Shoreline Blvd. 804

Number Street

Corpus Christi

City

TX

State

78401

ZIP Code

(361) 884-5678

Contact phone

sjordan@jhwclaw.com

Email address

11016700

Bar number

TX

State

Debtor Hub City Home Health, Inc.
Name

Case number (if known) _____

Additional Page

10. Continued

Debtor	<u>American Medical Home Health Services,</u>	Relationship	_____
	<u>LLC</u>		
District	<u>Southern District of Texas</u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		
Debtor	<u>American Medical Hospice Care LLC</u>	Relationship	_____
District	<u>Southern District of Texas</u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		
Debtor	<u>American Medical Programs, Inc.</u>	Relationship	_____
District	<u>Southern District of Texas</u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		

Fill in this information to identify the case:

Debtor name Hub City Home Health, Inc.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Optum Financial, Inc 11000 Optum Circle Eden Prairie, MN 55344		Temporary Funding Assistance Program				\$373,900.00
2	Palmetto GBA LLC 2300 Springdale Drive Camden, SC 29020		Outstanding CAAP				\$203,507.01
3	CBE Group, Inc 1309 Technology Pkwy Cedar Falls, IA 50613		Medicare Overpay				\$114,432.86
4	Mobility First Rehabilitation Service 13522 Catamaran Corpus Christi, TX 78418		Rehabilitation Services				\$83,255.00
5	Whyte Appeals 310 W. Sunset St. San Antonio, TX 78209		Appeal Attorneys				\$11,880.00
6	First Insurance Funding PO Box 7000 Carol Stream, IL 60197		Insurance				\$7,814.11
7	KD Quality Coding 1754 High Ridge Drive Blanchard, OK 73010		Oasis Coding				\$4,440.00
8	WellSky PO Box 207613 Dallas, TX 75320		Patient Document Notes				\$3,994.75

Debtor **Hub City Home Health, Inc.**

Case number (if known) _____

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Inovalon PO Box 856015 Minneapolis, MN 55485		Claims Management Software				\$942.50
10	ETC Lite, LLC PO Box 700970 San Antonio, TX 78270		Code determination and consulting				\$507.81
11	TXU Energy PO Box Box 650700 Dallas, TX 75265		Electric - Hub Office				\$402.00
12	Ashley McClain 305 Appalppsa Drive Victoria, TX 77904		Physical Therapy				\$309.72
13	Reliant Energy PO Box 650475 Dallas, TX 75265		Electric - Laredo				\$290.00
14	Spectrum PO Box 60074 City of Industry, CA 91716		Internet - Harlingen				\$217.13
15	Lone Star Shredding 1970 W Expressway 83 Mercedes, TX 78570		Shredding company				\$200.00
16	Jim Hogg County WCID PO Box 148 Hebbronville, TX 78361		Water - Hebbronville				\$91.00
17							
18							
19							
20							

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11/08/24

Cash Basis

Hub City Home Health, Inc.

Balance Sheet

As of December 31, 2023

	Dec 31, 23
ASSETS	
Current Assets	
Checking/Savings	
1005 · PNC Bank	9,255.91
1010 · CHASE - Payroll Account (0768)	247,391.10
1011 · CHASE - Accounts Payable (0792)	-104,248.95
1012 · CHASE - Operating (7309)	1,359,258.46
Total Checking/Savings	1,511,656.52
Other Current Assets	
Due from Affiliates	848,030.00
1050 · PAS Payroll Clearing	-273,912.08
1055 · A/R PNC	983.04
1300 · Prepaid Expenses	
1310 · Security Deposits	4,225.00
1316 · Loans to Employees	21,403.89
Total 1300 · Prepaid Expenses	25,628.89
Total Other Current Assets	600,729.85
Total Current Assets	2,112,386.37
Fixed Assets	
1500 · Fixed Assets	
1505 · Fixtures & Equipment	10,000.00
1520 · Vehicles	41,636.71
Total 1500 · Fixed Assets	51,636.71
1600 · Accumulated Depreciation	
1605 · Accum Depr Fixtures & Equip	-44,904.00
Total 1600 · Accumulated Depreciation	-44,904.00
Total Fixed Assets	6,732.71
Other Assets	
Current Inventory	1,000.00
Total Other Assets	1,000.00
TOTAL ASSETS	2,120,119.08
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Chase - #0438	5,252.34
Total Credit Cards	5,252.34
Other Current Liabilities	
Payroll Liabilities	
2100 · Lumped Payroll Liabilities	118.35
2105 · Child Support Payable	2,931.71
2509 · Emp.SS Deferral 941 Payable	191,501.87
2510 · Fica & Fit Payable (941)	72,057.91
2511 · Futa (940) Payable	318.91
2512 · Suta (TWC) Payable	12,976.35
Total Payroll Liabilities	279,905.10
2700 · Other Current Liabilities	
2811 · N/P-Kalamata	-282,403.39
2813 · Samson Servicing LLC	-680,710.60
Total 2700 · Other Current Liabilities	-963,113.99

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Hub City Home Health, Inc.**Balance Sheet**

11/08/24

As of December 31, 2023

Cash Basis

	Dec 31, 23
2805 · Loan Payable - CMS	203,507.01
Total Other Current Liabilities	-479,701.88
Total Current Liabilities	-474,449.54
Long Term Liabilities	
ERC Deferred	4,612,847.90
Total Long Term Liabilities	4,612,847.90
Total Liabilities	4,138,398.36
Equity	
3900 · Retained Earnings	-725,064.97
Net Income	-1,293,214.31
Total Equity	-2,018,279.28
TOTAL LIABILITIES & EQUITY	2,120,119.08

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11/08/24

Cash Basis

Hub City Home Health, Inc.
Profit & Loss
 January through December 2023

	Jan - Dec 23
Ordinary Income/Expense	
Income	
4000 · Income - PHC	
4001 · Income-A/R-PHC	95,137.96
4006 · Income - PHC- BCBS of Texas	28,351.32
4010 · Income - PHC Centene Corp	3,168,820.67
4015 · Income PHC-UHC Community(Mcaid)	1,540,687.39
4020 · Income - PHC Molina HC of TX	27,424.39
4025 · Income - PHC Driscoll Children	131,027.64
4030 · Income -PHC TMHP Health & Human	3,834,945.84
4031 · PHC Income - Other	6,854.27
4032 · Income -PHC Private Pay	23,386.29
Total 4000 · Income - PHC	8,856,635.77
4100 · Income - Home Health	
4105 · Income HH - JM-MAC (Medicare)	127,351.53
4106 · HH - Unitedhealthcare	25,650.02
4107 · HH - hnb-Echo (WellMed) AAA	1,435,027.44
4110 · Income -HH Private Pay	6,318.34
4100 · Income - Home Health - Other	752.65
Total 4100 · Income - Home Health	1,595,099.98
Total Income	10,451,735.75
Gross Profit	10,451,735.75
Expense	
5100 · Operating Expenses	
5103 · Bank Fees	5,881.88
5105 · Bio-Hazard Waste	1,116.94
5111 · Contracted Services	
5112 · Contracted Accounting Services	31,300.00
5116 · Contracted Consultant	13,508.45
5111 · Contracted Services - Other	5,044.50
Total 5111 · Contracted Services	49,852.95
5120 · Contracted Therapy Services	
5121 · Contracted Class Therapy Servic	1,935.75
5122 · Contracted - PT Services	234,441.50
5120 · Contracted Therapy Services - Other	44,154.00
Total 5120 · Contracted Therapy Services	280,531.25
5165 · Depreciation Expense	3,718.00
5185 · Fuel Expense	
5187 · Fuel Expense - Marketers	25,333.73
5185 · Fuel Expense - Other	12,215.44
Total 5185 · Fuel Expense	37,549.17
5201 · Interest Expense	7,136.41
5205 · Insurance	
5206 · Insurance - Section 125 (Emp)	79,933.89
5208 · Insurance - Prof & Bldg Content	17,434.09
Total 5205 · Insurance	97,367.98
5220 · Legal & Professional Fees	1,436,559.15
5221 · License & Fees	2,882.82
5222 · Marketing Expense	8,345.27
5225 · Management Fees	55,000.00
5227 · Medical Director Fees	1,150.00
5228 · Medical Supplies	1,021.72

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11/08/24

Cash Basis

Hub City Home Health, Inc.
Profit & Loss
January through December 2023

	Jan - Dec 23
5230 · Mileage Expense	
5231 · Mileage - Acccounting	62.16
5236 · Mileage - HR	247.16
5237 · Mileage - LVN	8,440.07
5238 · Mileage - Marketing	5,267.19
5240 · Mileage - Office Administrative	2,852.33
5242 · Mileage - PAS Field Supervisor	17,570.97
5245 · Mileage - RN	29,285.75
Total 5230 · Mileage Expense	63,725.63
5400 · Office Expense	18,652.04
5415 · Postage & Freight	15,606.99
5590 · Rent	
5600 · Rent - Building	83,366.40
5605 · Rent - Equipment	24,513.25
5590 · Rent - Other	212.00
Total 5590 · Rent	108,091.65
5610 · Repairs & Maintenance	
5611 · Repairs & Maintenance Building	52.89
5612 · Repairs & Maintenance - Equip.	204.59
Total 5610 · Repairs & Maintenance	257.48
5625 · Software Fee Expense	70,614.99
6295 · Telephone & Communications	
6296 · Cell Phones	23,969.19
6298 · Telephone & Internet	12,472.18
6295 · Telephone & Communications - Other	1,775.15
Total 6295 · Telephone & Communications	38,216.52
6390 · Utilities	12,887.50
6500 · Wages/Payroll	
6502 · Accrued Payroll Wage Expense	0.00
6505 · Accounting Wages	137,846.20
6510 · Admin/Clerical Wages	49,771.90
6515 · Billing Wages	48,202.25
6520 · CNA/HHA Wages	480.00
6526 · Holiday Bonus	9,000.00
6530 · LVN Wages	152,788.80
6535 · Marketing Wages	279,038.61
6543 · PT Wages	4,246.08
6545 · RN Wages	306,196.58
6547 · Wages - Other	18,436.25
Total 6500 · Wages/Payroll	1,006,006.67
6550 · Taxes - Payroll	
6561 · Futa (940 Tax)	2,446.36
6562 · Medicare Tax	133,466.48
6563 · Social Security Tax	616,680.44
6564 · State Unemp Tax (TWC)	12,976.35
6560 · Payroll Expenses (lump sum)	0.00
Total 6550 · Taxes - Payroll	765,569.63

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11/08/24

Cash Basis

Hub City Home Health, Inc.**Profit & Loss****January through December 2023**

	Jan - Dec 23
6600 · Wages PHC - Payroll	
6605 · PHC - Admin/Clerical Wages	99,368.23
6615 · PHC - Coordination Wages	181,644.25
6620 · PHC - EVV Wages	80,656.50
6625 · PHC - Field Supervisor Wages	140,782.10
6635 · PHC- Manager Wages	224,012.08
6650 · PHC- Provider Wages	7,038,573.16
6651 · PHC - Provider Accrued Wages	0.00
6600 · Wages PHC - Payroll - Other	73,051.00
Total 6600 · Wages PHC - Payroll	7,838,087.32
6800 · Taxes - Property	750.49
Total 5100 · Operating Expenses	11,926,580.45
5226 · Medical Expense	2,707.93
Total Expense	11,929,288.38
Net Ordinary Income	-1,477,552.63
Other Income/Expense	
Other Income	
7000 · Other Income	
7010 · Interest Income	202,190.19
7000 · Other Income - Other	1,770.00
Total 7000 · Other Income	203,960.19
Total Other Income	203,960.19
Other Expense	
7200 · Other Expense	
7210 · Penalties & Fines	19,621.87
Total 7200 · Other Expense	19,621.87
Total Other Expense	19,621.87
Net Other Income	184,338.32
Net Income	-1,293,214.31

**2023 TAX RETURN WILL BE FILED
UNDER SEAL UNDER A SEPARATE
DOCKET NO.**

Fill in this information to identify the case:

Debtor name Hub City Home Health, Inc.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/09/2024
MM/ DD/ YYYY

X/s/ Robert Dojonovic

Signature of individual signing on behalf of debtor

Robert Dojonovic

Printed name

President

Position or relationship to debtor

**IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
BROWNSVILLE DIVISION**

IN RE: **Hub City Home Health, Inc.**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **11/09/2024**

Signature **/s/ Robert Dojonovic**
Robert Dojonovic, President

A.C.L.S., Inc.
6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

All Seasons Home Care
1602 Farragut Street
Laredo, TX 78040

All Seasons Home Care, Inc.
c/o Jefferson Cano
Emma Cano
Will Davidson
112 East Pecan Street Suite 1650
San Antonio, TX 78205

All Seasons Home Care, Inc.
104 W. Huntington Street
Beeville, TX 78102

All Seasons Home Health &
Palliative Care
15420 Nacogdoches Road
San Antonio, TX 78247

All Seasons Hospice of Texas
15420 Nacogdoches Road
San Antonio, TX 78247

Ambrosio "Ambrose"
Hernandez
3404 San Eduardo Street
Mission, TX 78572

Ashley McClain
305 Appalppsa Drive
Victoria, TX 77904

CBE Group, Inc
1309 Technology Pkwy
Cedar Falls, IA 50613

Christine B Gomez
1022 Forest Oak Drive
Portland, TX 78374

Christine B. Gomez
6321 Revolution Drive
Corpus Christi, TX 78413

Christine B. Gomez
5541 Bear Lane No 218
Corpus Christi, TX 78405

Coastal Home Health Care
227 N FM 3167 Space B
Rio Grande City, TX 78582

Coastal Home Health Care
6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

Coastal Home Health Care
6000 Staple Street Suite 403B
Corpus Christi, TX 78413

Conquest Pharmacy
PO Box 1047
Richmond, TX 77406

Datalogic Software
1605 W Tayler Avenue
Harlingen, TX 78550

De Lage Landen Financial
Services, Inc.
PO Box 41602
Philadelphia, PA 19101

Deluxe Business
PO Box 4656
Carol Stream, IL 60197

DME Expres
PO Box 679654
Dallas, TX 75267

Enclara Pharmacia
PO Box 745791
Atlanta, GA 30374

ETC Lite, LLC
PO Box 700970
San Antonio, TX 78270

First Insurance Funding
PO Box 7000
Carol Stream, IL 60197

Honest Medical
1935 Avenida Del Oro Suite E
92056

Humana Pharmacy
PO Box 223882
Pittsburgh, PA 15251

Inovalon
PO Box 856015
Minneapolis, MN 55485

Internal Revenue Service
Centralized Insolvency Operation
Po Box 7346
Philadelphia, PA 19101-7346

Jim Hogg County WCID
PO Box 148
Hebbronville, TX 78361

Kashi Sun Plaza LLC
5120 State Hwy 6
Riesel, TX 76682

KD Quality Coding
1754 High Ridge Drive
Blanchard, OK 73010

Konica Minolta
PO Box Box 070241

Legacy Health Agency, Inc.
c/o JEFFERSON CANO
Emma Cano
Will Davidson
112 East Pecan Street Suite 1650
San Antonio, TX 78205

Legacy Home Care Services,
Inc.

c/o Jefferson Cano
Emma Cano
Will Davidson
112 East Pecan Street Suite 1650
San Antonio, TX 78205

Legacy Home Health Agency,
Inc.

c/o Jefferson Cano
Emma Cano
Will Davidson
112 Suite 1650
San Antonio, TX 78205

Legacy Hospice Care, LLC

6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

Legado Management, LLC

c/o Ambrose Hernandez
6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

Legatus Leasing, LLC

6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

Lone Star Shredding

1970 W Expressway 83
Mercedes, TX 78570

McKesson

PO Box 63440
Cincinnati, OH 45263

Medicare Exchange LLC

6655 First Park Ten Blvd Suite 210
San Antonio, TX 78213

Mobility First Rehabilitation
Service
13522 Catamaran
Corpus Christi, TX 78418

New Way Medical
PO Box 679672
Dallas, TX 75267

Office of The United States
Trustee
515 Rusk Street Suite 3516
Houston, TX 77002

Optum Financial, Inc
11000 Optum Circle
Eden Prairie, MN 55344

Palmetto GBA LLC
2300 Springdale Drive
Camden, SC 29020

Reliant Energy
PO Box 650475
Dallas, TX 75265

Renee Z. Hernandez a/k/a
Renee Z. Sanchez
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Renee Z. Hernandez aka
Renee Z. Sanchez
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San Antonio, TX 78213

Restorative Health Care
2522 Buddy Owens Blvd Bldg A
McAllen, TX 78504

Restorative Health Care of
South Texas
8600 Wurzbach Road Suite 700
San Antonio, TX 78240

Restorative Health Services,
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Reynolds Bee Rentals, LLC
PO Box 1482
Beeville, TX 78104

RPSA Law
c/o Sylvia Cardona
Nathan Ketterling
755 East Mulberry Suite 200
San Antonio, TX 78212

Spectrum
PO Box 60074
City of Industry, CA 91716

Stericycle
28883 Network Place
Chicago, IL 60673

TXU Energy
PO Box Box 650700
Dallas, TX 75265

WellSky
PO Box 207613
Dallas, TX 75320

Whyte Appeals
310 W. Sunset St.
San Antonio, TX 78209

Xerox
PO Box 674911
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